Optional

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address	es):	DO NOT SEND THIS FORM TO THE
TELEPHONE NO: ATTORNEY FOR (Name):		COURT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	BUTTE	COURT
Butte County Courthouse One Court Street Oroville, CA 95965 (530) 538-7002 Chico Courthous 655 Oleander C (530) 532-7009	se chico, CA 95926	
PETITIONER/PLAINTIFF(S):		
RESPONDENT/DEFENDANT(S):		
MEDIATION STATEMENT		CASE NUMBER:
PARTIES AT LEAST FIVE (5) COURT DAYS BEFORE TH WRITE THE INFORMATION ON YOUR OWN PAPER. M 1. The name and title (or relationship to the case) of all p	EDIATION STATEME	NTS MUST BE FIVE (5) PAGES OR LESS.
(NAME)	(TITLE)	
(NAME)	(TITLE)	
(NAME)	C	ΓITLE)
(NAME) 2. People who are connected with this case or who, if pre	☐ More	TITLE) information attached to this form nt improve the chance of settlement are:
(NAME)	("	ΓΙΤΙΕ)
(NAME)	(ΠΤLE)
(NAME) 3. The important issues in this case are as follows:		ΠΤΙΕ) information attached to this form
	☐ More	information attached to this form
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4.	4. I believe that the liability and damages in this case are as follows:				
5.	Narrowing or resolving these issues early would make it easier to set		Iore information attached to this form is case:		
6.	Summary of the history of this case and any settlement discussions:	N	lore information attached to this form		
7.	I have attached the following documents to help the mediator better u		Tore information attached to this form estand the issues in dispute:		
8.	Other comments:	N	Iore information attached to this form		
Dat	ed:	N	Iore information attached to this form		
		E OF I	PARTY SUBMITTING THIS STATEMENT)		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE RULES